



**CONSENT FOR PERSON(S) OTHER THAN PARENT/LEGAL GUARDIAN TO  
BRING PATIENT TO DENTAL APPOINTMENTS**

I, \_\_\_\_\_ the legal parent/guardian of \_\_\_\_\_, hereby give my permission for this patient to be brought to dental appointments at the office of Dr. Francisco H. Bezerra, DDS, PA, by the following individuals:

**NAME**

**RELATIONSHIP**

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I further give permission to Dr. Francisco H. Bezerra and/or the staff members to discuss dental treatment to be performed on my child, including but not limited to changes in treatment.

\_\_\_\_\_  
Signature of parent/legal guardian

\_\_\_\_\_  
Date

*"Where Every Child Has A Story Yet To Be Told!"*

Wesley Chapel: 2242 Ashley Oaks Circle Wesley Chapel, FL 33544 Ph (813) 991-5300  
Land O Lakes: 6935 Land O' Lakes Blvd. Land O Lakes, FL 34638 Ph (813) 530-3300  
Clearwater: 1180 Ponce De Leon Blvd, STE 401 Clearwater, FL 33756 Ph (727) 261-0304  
www.drbeepd.com